

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10

549660

FILED DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2			1					52					
3			1					53					
4			1					54					
5			1					55					
6			1					56					
7			1					57					
8			1					58					
9			1					59					
10			1					60					
11			1					61					
12			1					62					
13			1					63					
14			1					64					
15			1					65					
16			1					66					
17			1					67					
18			1					68					
19			1					69					
20			1					70					
21			1					71					
22			1					72					
23			1					73					
24			1					74					
25			1					75					
26			1					76					
27			1					77					
28			1					78					
29			1					79					
30			1					80					
31			1					81					
32			1					82					
33			1					83					
34			1					84					
35			1					85					
36			1					86					
37			1					87					
38			1					88					
39			1					89					
40			1					90					
41			1					91					
42			1					92					
43			1					93					
44			1					94					
45			1					95					
46			1					96					
47			1					97					
48			1					98					
49			1					99					
50			1					100					
TOTAL DEP.			2					TOTAL DEP.					
TOTAL DEP.			2					TOTAL DEP.					
TOTAL CLAIMS			3					TOTAL CLAIMS					

BEST AVAILABLE COPY